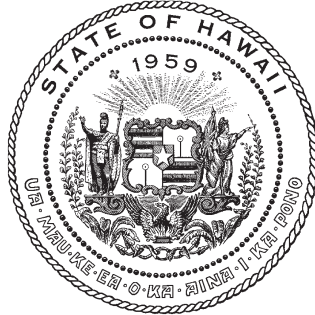


**STATE OF HAWAII  
DEPARTMENT OF TAXATION**



**General Information  
and Scannable Specifications  
for  
Form N-3 (Rev. 2017)**

**Contact Information**

Hawaii Department of Taxation  
Technical Section  
Attn: Sharlene Tagami, Forms Coordinator  
830 Punchbowl Street, Rm 126  
Honolulu, Hawaii 96813

Telephone: (808) 587-1577  
Fax: (808) 587-1584  
E-mail: Tax.Technical.Section@hawaii.gov

**Hawaii Software Vendor Website**

**Address:**  
[tax.hawaii.gov/vendor/](http://tax.hawaii.gov/vendor/)

**Note:** Reproduced forms must meet the requirements as established in this document and our current Forms Reproduction Policy.

## FORM N-3 (Rev. 2017)

### General Information and Scannable Specifications

This document provides software vendors with the requirements for reproducing Form N-3. Form N-3 is designed for electronic scanning that permits faster processing with fewer errors. Software developers who reproduce, develop, or distribute Form N-3 must create the form so the variable data (specified fields containing

taxpayer information) are printed in a fixed format that can be read by the Department's IBML scanners.

Substitute scannable forms **MUST** meet the requirements as established in this document and our current Forms Reproduction Policy, and be approved prior to release or distribution.

## GENERAL INFORMATION

### 1. Substitute Form

- We highly recommend you use the Department's official Form N-3 PDF.
- If you do not use the Department's official PDF, the substitute form must match the Department's form in layout and appearance, including **bold** and/or *italics* fonts as they appear on the official form.
- Lines of text in a paragraph must break at the same location as the official form
- All forms and variable data must have a high standard of legibility for printing.
- Photocopies of the scannable form must not be submitted to the Department for processing.
- Substitute scannable forms must be proofread prior to submission.

### 2. Paper and Ink

- The paper size is 8.5 inches by 11 inches, the same size as the Department's original form. The paper weight must be at least 20 pound white bond and the page orientation is portrait.
- Black ink should be used in printing the text on the form and the variable data.

### 3. Variable Data

- All variable data fields must utilize 12 pt Courier font.
- All variable data fields require exact placement.
- Print all alpha characters uppercase
- Use a bold X (**X**) as a checkbox. See exhibit for exact placement. The use of a checkmark is not acceptable.

### 4. Variable Data Delimiters

- Taxpayer's Federal Employer Identification Number must be printed with a dash (-) delimiter. For example:  
12-1234567  
(2 digits, followed by a dash (-), followed by 7 digits).
- Taxpayer's calendar or fiscal year ending must be printed with the dash (-) delimiter.  
MM-DD-YY

(2 digits for month, followed by a dash (-), followed by 2 digits for the day, followed by a dash (-), followed by 2 digits for the tax year ending).

### 5. Dollar Amounts

123456789.00

- Do not use commas as thousand separators.
- Amounts are right justified.
- Dollar and cent signs should not be used.

### 6. Testing and Approval of the Scannable Form

- The printed 6x10 grid of the form on acetate overlays should be used to verify the exact data field placement. Although the form was revised for 2017, the placement of the variable data has not changed from revision 2009. The text "Address" has been changed to "Mailing Address." To help minimize costs, please use the acetate overlays from revision 2009. If you do not have the overlays from revision 2009, please contact the Forms Coordinator. Verify your test data filled facsimile samples with the overlays prior to submitting them for testing. If the samples do not match the overlays within 1/16 inch, do not submit them for approval as they will be rejected.
- A minimum of 5 hardcopy test samples must be provided to ensure proper testing including 1 hardcopy test sample that contains all maximized fields (one alpha "X" or numeric "9" character space with no leading or trailing spaces).
- Test samples must be originals. Photocopies, fax submissions, etc. will not be accepted.
- Test samples must be populated with unique sample variable data showing different scenarios.
- Test samples must include only the voucher portion of the form, and must be cut where indicated.
- It will require 1 to 2 weeks, upon receipt by the Department, to verify the accuracy of the submitted samples.
- Approval of the facsimile must be obtained from the Department **prior** to filing.
- Form N-3 (Rev. 2017) cannot be filed until 2018.

## SCANNABLE SPECIFICATIONS

### 1. Layout

- The vouchers were designed on a 6x10 grid. See exhibits. (For instructions and worksheets see Form N-3 (Rev. 2017).)
- Open space around variable data fields should be adhered to as much as possible. Do not place any additional information in these areas.

### 2. Hawaii Vendor I.D. Number

- Print your 2-digit Hawaii Vendor I.D. Number following the "ID NO" label at the following positions: Pages 1-4, on row 63 at columns 20 and 21.
- See our Hawaii software vendor website for your Hawaii Vendor I.D. Number. If your company is not listed, please contact the Forms Coordinator.

### 3. Anchors

- Anchors are required on every voucher. The scanning equipment looks for "L" anchors. Exact placement of the anchors are required.
- The vertical and horizontal edges of the anchors must be the same length of 0.5 inch long and 0.0278 inch thick.
- There are **two** anchors on each voucher.
  1. The top right anchor should extend from the beginning of column 76 to the end of column 80 and should rest at the top of row 52 for all four vouchers.



2. The bottom left anchor should start at the beginning of column 6 and extend through the end of column 10 and rest on the top of row 64 for all four vouchers.



- The tolerance is 1mm ( $\frac{1}{4}$  of a grid).
- No data or other stray marks are allowed to encroach within the white space in a 0.5 inch square of the anchor.



### 4. QR Code

- A QR code is specific to the form. The property of the 2D symbology QR code is measured in CM.
- Placement of the QR code is as follows: Pages 1-4, approximately at the top of row 48 and at the beginning of column 6.
- Height of the QR code is 0.5 inch.
- Length of the QR code is 0.5 inch.
- Narrow Module Size is set to 0.18.
- Margin is set to 0.18.
- Open space surrounding the QR code should be adhered to as much as possible.
- DO NOT stretch the QR code image.
- The required QR code is N3\_T 2017A 01 for voucher 1:



The required QR code is N3\_T 2017A 02 for voucher 2:



The required QR code is N3\_T 2017A 03 for voucher 3:



The required QR code is N3\_T 2017A 04 for voucher 4:



The QR code includes the form number (N3), an underscore, type of form (T), space, 4-digit form year (2017), 1-letter revision indicator, space, and 2-digit page number (01), (02), (03) or (04). There are no hyphens.

- The human readable text for the QR code MUST be printed at the bottom of each page at 0.5 inch from the left edge of the form and the bottom of the human readable text is 0.25 inch from the bottom edge of the form utilizing 6 pt Helvetica font.
- Use of the Department of Taxation's JPEG file of the QR code is preferable. The JPEG files can be found at our software vendor website.
- DO NOT use Windows Metafile Format (wmf). This format causes a very low read rate by the Department's IBML scanners.

#### 5. Acetate Overlays

- Although the form was revised for 2017, the placement of the variable data has not changed from revision 2009. The text "Address" has been changed to "Mailing Address." To help minimize costs, please use the acetate overlays from revision 2009. If you do not have the overlays from revision 2009, please contact the Forms Coordinator.
- Acetate overlays will assist in the exact data field placement. Verify your test data filled facsimile samples with the overlays prior to submitting them for testing. If the samples do not match the overlays within 1/16 inch, do not submit them for approval as they will be rejected.

PART III. Amended Computation				PART IV. Record of Estimated Tax Payments				
(Used if your estimated tax substantially changes after you file your first payment voucher.)				Voucher Number	Date	Amount Paid	2017 overpayment credit applied to installment	Total amount paid and credited from the 1st day of the taxable year through the installment date shown. Add (b) and (c)
					(a)	(b)	(c)	(d)
1. Amended estimated tax .....				1				
2. Less:								
(a) Amount of last year's overpayment elected for credit to 2018 estimated tax and applied to date .....				2				
(b) Estimated tax payments to date.....				3				
(c) Total of lines 2(a) and 2(b) .....				4				
3. Unpaid balance (line 1 minus line 2(c)).....								
4. Amount to be paid (line 3 divided by number of remaining installments). Enter here and on payment voucher .....				Total.....				

19 20 21 22 23 24 25 26 27 28 29

MAILING ADDRESS

Hawaii Department of Taxation  
P.O. Box 1530  
Honolulu, Hawaii 96806-1530  
(830 Punchbowl Street)

IMPORTANT NOTE


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- 1. Print amounts only on those lines that are applicable.
  - 2. Use only a black or dark blue ink pen. Do not use red ink, pencils, felt tip pens, or erasable pens.
  - 3. Because this form is read by a machine, please print your numbers inside the boxes like this:

1 2 3 4 5 6 7 8 . 9 0

- 4. Do NOT print outside the boxes.
- 5. Do NOT use dollar signs, slashes, dashes, or parentheses in the boxes.
- 6. DO NOT SUBMIT A PHOTO COPY OF THIS FORM. Photocopying of this form could cause delays in processing your payment.

Form (Rev. 2017)

N-3



DETACH HERE

STATE OF HAWAII — DEPARTMENT OF TAXATION

CORPORATION ESTIMATED INCOME TAX

Voucher No. 1

THIS VOUCHER IS DUE ON OR BEFORE THE 20th DAY OF THE 4th MONTH OF THE TAXABLE YEAR.

DO NOT SUBMIT A PHOTOCOPY OF THIS FORM

DO NOT WRITE OR STAPLE IN THIS SPACE

Federal Employer Identification Number (FEIN)

12 - 3456789

Calendar or Fiscal Year Ending (MM DD YY)

12 - 12 - 12

Amount of Payment

123456789.00

Name

NAME OF TAXPAYER'S CORPORATION ABC1234567

Db/a or C/O

DOING BUSINESS AS TAXPAYER'S CORPORATION

Mailing Address

12-3456 ADDRESS STREET LANE BLVDX

City, town, or post office

CITY TOWN PL HI

State

HI

Postal/ZIP Code

12345

Country

USAXXXXX

Suite Number

A123456

For office use only

MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO "HAWAII STATE TAX COLLECTOR." Write your Federal Employer I.D. Number and "2018 Form N-3" on your check or money order.

ID NO 12

N3\_T 2017A 01

## MAILING ADDRESS

Hawaii Department of Taxation  
P.O. Box 1530  
Honolulu, Hawaii 96806-1530  
(830 Punchbowl Street)

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1 2 3 4 5 6 7 8 . 9 0

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Form (Rev. 2017) Tax Year 2018 DETACH HERE DO NOT WRITE OR STAPLE IN THIS SPACE

N-3

2018

STATE OF HAWAII — DEPARTMENT OF TAXATION  
CORPORATION ESTIMATED INCOME TAX

### Voucher No. 2

THIS VOUCHER IS DUE ON OR BEFORE THE 20th DAY  
OF THE 6th MONTH OF THE TAXABLE YEAR.

DO NOT SUBMIT A PHOTOCOPY OF THIS FORM

☒ First time filer

Name				
NAME OF TAXPAYER'S CORPORATION ABC1234567				
Dba or C/O				
DOING BUSINESS AS TAXPAYER'S CORPORATION				
Mailing Address				Suite Number
12-3456 ADDRESS STREET LANE BLVDX				A123456
City, town, or post office	State	Postal/ZIP Code	Country	For office use only
CITY TOWN PL HI		12345	USAXXXXX	

Federal Employer Identification Number (FEIN)

12 - 3456789

Calendar or Fiscal Year Ending (MM DD YY)

12 - 12 - 12

Amount of Payment

123456789.00

MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER  
PAYABLE TO "HAWAII STATE TAX COLLECTOR." Write your  
Federal Employer I.D. Number and "2018 Form N-3" on your  
check or money order.

ID NO 12

## MAILING ADDRESS

Hawaii Department of Taxation  
P.O. Box 1530  
Honolulu, Hawaii 96806-1530  
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Form (Rev. 2017)

N-3

Tax Year

2018

STATE OF HAWAII — DEPARTMENT OF TAXATION

CORPORATION ESTIMATED INCOME TAX

### Voucher No. 3

THIS VOUCHER IS DUE ON OR BEFORE THE 20th DAY  
OF THE 9th MONTH OF THE TAXABLE YEAR.

DO NOT SUBMIT A PHOTOCOPY OF THIS FORM

DO NOT WRITE OR STAPLE IN THIS SPACE



☒ First time filer

Name				
NAME OF TAXPAYER'S CORPORATION ABC1234567				
Dba or C/O				
DOING BUSINESS AS TAXPAYER'S CORPORATION				
Mailing Address				Suite Number
12-3456 ADDRESS STREET LANE BLVDX				A123456
City, town, or post office	State	Postal/ZIP Code	Country	For office use only
CITY TOWN PL HI		12345	USAXXXXX	

Federal Employer Identification Number (FEIN)

12 - 3456789

Calendar or Fiscal Year Ending (MM DD YY)

12 - 12 - 12

Amount of Payment

123456789.00

MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER  
PAYABLE TO "HAWAII STATE TAX COLLECTOR." Write your  
Federal Employer I.D. Number and "2018 Form N-3" on your  
check or money order.

ID NO 12

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Form (Rev. 2017) Tax Year 2018 DETACH HERE DO NOT WRITE OR STAPLE IN THIS SPACE

N-3

2018

STATE OF HAWAII — DEPARTMENT OF TAXATION  
CORPORATION ESTIMATED INCOME TAX

### Voucher No. 4

THIS VOUCHER IS DUE ON OR BEFORE THE 20th DAY  
OF THE 1st MONTH FOLLOWING THE TAXABLE YEAR.

DO NOT SUBMIT A PHOTOCOPY OF THIS FORM

Federal Employer Identification Number (FEIN)

12 - 3456789

Calendar or Fiscal Year Ending (MM DD YY)

12 - 12 - 12

Amount of Payment

123456789.00

MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER  
PAYABLE TO "HAWAII STATE TAX COLLECTOR." Write your  
Federal Employer I.D. Number and "2018 Form N-3" on your  
check or money order.

ID NO 12

PART III. Amended Computation		PART IV. Record of Estimated Tax Payments				
(Used if your estimated tax substantially changes after you file your first payment voucher.)		Voucher Number	Date	Amount Paid	2017 overpayment credit applied to installment	Total amount paid and credited from the 1st day of the taxable year through the installment date shown. Add (b) and (c)
			(a)	(b)	(c)	(d)
1. Amended estimated tax .....						
2. Less:						
(a) Amount of last year's overpayment elected for credit to 2018 estimated tax and applied to date .....		1				
(b) Estimated tax payments to date.....		2				
(c) Total of lines 2(a) and 2(b) .....		3				
3. Unpaid balance (line 1 minus line 2(c)) .....		4				
4. Amount to be paid (line 3 divided by number of remaining installments). Enter here and on payment voucher .....		Total..... ➤				

## MAILING ADDRESS

Hawaii Department of Taxation  
P.O. Box 1530  
Honolulu, Hawaii 96806-1530  
(830 Punchbowl Street)

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3. Because this form is read by a machine, please print your numbers inside the boxes like this:

1	2	3	4	5	6	7	8	.	9	0
---	---	---	---	---	---	---	---	---	---	---

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✂ — — — — — DETACH HERE — — — — — ✂  
Form (Rev. 2017) Tax Year

**N-3**

**2018**

**STATE OF HAWAII — DEPARTMENT OF TAXATION**  
**CORPORATION ESTIMATED INCOME TAX**

DO NOT WRITE OR STAPLE IN THIS SPACE



### Voucher No. 1

THIS VOUCHER IS DUE ON OR BEFORE THE 20th DAY  
OF THE 4th MONTH OF THE TAXABLE YEAR.

DO NOT SUBMIT A PHOTOCOPY OF THIS FORM

☒ First time filer

Name				
NAME OF TAXPAYER'S CORPORATION ABC1234567				
Dba or C/O				
DOING BUSINESS AS TAXPAYER'S CORPORATION				
Mailing Address				Suite Number
12-3456 ADDRESS STREET LANE BLVDX				A123456
City, town, or post office	State	Postal/ZIP Code	Country	For office use only
CITY TOWN PL	HI	12345	USAXXXXX	

Federal Employer Identification Number (FEIN)

12 - 3456789

Calendar or Fiscal Year Ending (MM DD YY)

12 - 12 - 12

Amount of Payment

123456789.00

ID NO 12

MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER  
PAYABLE TO "HAWAII STATE TAX COLLECTOR." Write your  
Federal Employer I.D. Number and "2018 Form N-3" on your  
check or money order.

## MAILING ADDRESS

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P.O. Box 1530  
Honolulu, Hawaii 96806-1530  
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1 2 3 4 5 6 7 8 . 9 0

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Form (Rev. 2017) Tax Year

**N-3**

**2018**

**STATE OF HAWAII — DEPARTMENT OF TAXATION**  
**CORPORATION ESTIMATED INCOME TAX**

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### Voucher No. 2

THIS VOUCHER IS DUE ON OR BEFORE THE 20th DAY  
OF THE 6th MONTH OF THE TAXABLE YEAR.

DO NOT SUBMIT A PHOTOCOPY OF THIS FORM



☒ First time filer

Name				
NAME OF TAXPAYER'S CORPORATION ABC1234567				
Dba or C/O				
DOING BUSINESS AS TAXPAYER'S CORPORATION				
Mailing Address				Suite Number
12-3456 ADDRESS STREET LANE BLVDX				A123456
City, town, or post office	State	Postal/ZIP Code	Country	For office use only
CITY TOWN PL	HI	12345	USAXXXXX	

Federal Employer Identification Number (FEIN)

12 - 3456789

Calendar or Fiscal Year Ending (MM DD YY)

12 - 12 - 12

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123456789.00

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✂ — — — — — DETACH HERE — — — — — ✂  
Form (Rev. 2017) Tax Year

**N-3**

**2018**

**STATE OF HAWAII — DEPARTMENT OF TAXATION**  
**CORPORATION ESTIMATED INCOME TAX**

DO NOT WRITE OR STAPLE IN THIS SPACE



### Voucher No. 3

THIS VOUCHER IS DUE ON OR BEFORE THE 20th DAY  
OF THE 9th MONTH OF THE TAXABLE YEAR.

DO NOT SUBMIT A PHOTOCOPY OF THIS FORM

☒ First time filer

Name				
NAME OF TAXPAYER'S CORPORATION ABC1234567				
Dba or C/O				
DOING BUSINESS AS TAXPAYER'S CORPORATION				
Mailing Address				Suite Number
12-3456 ADDRESS STREET LANE BLVDX				A123456
City, town, or post office	State	Postal/ZIP Code	Country	For office use only
CITY TOWN PL	HI	12345	USAXXXXX	

Federal Employer Identification Number (FEIN)

12 - 3456789

Calendar or Fiscal Year Ending (MM DD YY)

12 - 12 - 12

Amount of Payment

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MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER  
PAYABLE TO "HAWAII STATE TAX COLLECTOR." Write your  
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ID NO 12

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P.O. Box 1530  
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3. Because this form is read by a machine, please print your numbers inside the boxes like this:

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✂ — — — — — DETACH HERE — — — — — ✂  
Form (Rev. 2017) Tax Year

**N-3**

**2018**

**STATE OF HAWAII — DEPARTMENT OF TAXATION**  
**CORPORATION ESTIMATED INCOME TAX**

DO NOT WRITE OR STAPLE IN THIS SPACE

### Voucher No. 4

THIS VOUCHER IS DUE ON OR BEFORE THE 20th DAY  
OF THE 1st MONTH FOLLOWING THE TAXABLE YEAR.

DO NOT SUBMIT A PHOTOCOPY OF THIS FORM



☒ First time filer

Name				
NAME OF TAXPAYER'S CORPORATION ABC1234567				
Dba or C/O				
DOING BUSINESS AS TAXPAYER'S CORPORATION				
Mailing Address				Suite Number
12-3456 ADDRESS STREET LANE BLVDX				A123456
City, town, or post office	State	Postal/ZIP Code	Country	For office use only
CITY TOWN PL	HI	12345	USAXXXXX	

Federal Employer Identification Number (FEIN)

12 - 3456789

Calendar or Fiscal Year Ending (MM DD YY)

12 - 12 - 12

Amount of Payment

123456789.00

MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER  
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ID NO 12